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Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
WESTERN DISTRICT OF MISSOURI	-	
Case number (if known)	Chapter you are filing under:	
	Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	Check if this is an amended filing

## Official Form 101

# Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	t 1: Identify Yourself		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		
	Write the name that is on your government-issued picture identification (for example, your driver's license or passport).	Aaron First name  Dean	First name
		Middle name	Middle name
	Bring your picture identification to your	Morehead	
	meeting with the trustee.	Last name and Suffix (Sr., Jr., II, III)	Last name and Suffix (Sr., Jr., II, III)
2.	All other names you have used in the last 8 years		
	Include your married or maiden names.		
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-4743	

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Debtor 1 Aaron Dean Morehead Case number (if known)

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):		
4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years		■ I have not used any business name or EINs.	☐ I have not used any business name or EINs.		
	Include trade names and doing business as names	Business name(s)	Business name(s)		
		EINs	EINs		
5.	Where you live	1111 S Brookside Avenue, Apt. 1B	If Debtor 2 lives at a different address:		
		Independence, MO 64053  Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code		
		Jackson			
		County	County		
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.		
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code		
6.	Why you are choosing this district to file for	Check one:	Check one:		
bankruptcy		Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	<ul> <li>Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.</li> </ul>		
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)		

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Page 3 of 50 Document Case number (if known) Debtor 1 **Aaron Dean Morehead** Part 2: Tell the Court About Your Bankruptcy Case Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy The chapter of the Bankruptcy Code you are (Form 2010)). Also, go to the top of page 1 and check the appropriate box. choosing to file under Chapter 7 ☐ Chapter 11 ☐ Chapter 12 ☐ Chapter 13 How you will pay the fee I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address. I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A). I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition. Have you filed for No. bankruptcy within the last 8 years? ☐ Yes. District When Case number When Case number District When District Case number 10. Are any bankruptcy ■ No cases pending or being filed by a spouse who is ☐ Yes. not filing this case with you, or by a business partner, or by an affiliate? Debtor Relationship to you When Case number, if known District Debtor Relationship to you When Case number, if known District

# 11. Do you rent your residence?

□ No.

Go to line 12.

Yes.

Has your landlord obtained an eviction judgment against you?

No. Go to line 12.

Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it with this bankruptcy petition.

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Document Page 4 of 50 **Aaron Dean Morehead** Case number (if known) Debtor 1 Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole proprietor ■ No. of any full- or part-time Go to Part 4. business? Name and location of business ☐ Yes. A sole proprietorship is a business you operate as Name of business, if any an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. Number, Street, City, State & ZIP Code If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate Chapter 11 of the deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of **Bankruptcy Code and are** operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure you a small business in 11 U.S.C. 1116(1)(B). debtor? I am not filing under Chapter 11. No. For a definition of small business debtor, see 11 I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy □ No. U.S.C. § 101(51D). I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. ☐ Yes. Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have any ■ No. property that poses or is alleged to pose a threat ☐ Yes. of imminent and What is the hazard? identifiable hazard to public health or safety? Or do you own any If immediate attention is property that needs immediate attention? needed, why is it needed? For example, do you own perishable goods, or

Number, Street, City, State & Zip Code

Where is the property?

livestock that must be fed,

or a building that needs urgent repairs?

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Debtor 1 Aaron Dean Morehead

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

### **About Debtor 1:**

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

□ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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DCD	Aaion Dean Wore	leau			ase number (# known)	
Part	6: Answer These Quest	ons for Re	porting Purposes			
16.	What kind of debts do you have?		Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."  □ No. Go to line 16b.  ■ Yes. Go to line 17.  Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.  □ No. Go to line 16c.			
		16b.				
			☐ Yes. Go to line 17. State the type of debts you c	owe that are not consumer debts	or business debts	
17.	Are you filing under Chapter 7?	□ No.	I am not filing under Chapter	r 7. Go to line 18.		
	Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?	<b>—</b> 163.		Do you estimate that after any ex vailable to distribute to unsecured		ed and administrative expenses
18.	How many Creditors do you estimate that you owe?	■ 1-49 □ 50-99 □ 100-19 □ 200-99		☐ 1,000-5,000 ☐ 5001-10,000 ☐ 10,001-25,000	<b>□</b> 50,0	01-50,000 01-100,000 e than100,000
19.	How much do you estimate your assets to be worth?	□ \$100,0	0,000 1 - \$100,000 01 - \$500,000 01 - \$1 million	□ \$1,000,001 - \$10 millio □ \$10,000,001 - \$50 mil □ \$50,000,001 - \$100 m □ \$100,000,001 - \$500 r	llion ☐ \$1,0	0,000,001 - \$1 billion 00,000,001 - \$10 billion 000,000,001 - \$50 billion e than \$50 billion
20.	How much do you estimate your liabilities to be?	\$100,0	0,000 11 - \$100,000 01 - \$500,000 01 - \$1 million	□ \$1,000,001 - \$10 millio □ \$10,000,001 - \$50 mil □ \$50,000,001 - \$100 m □ \$100,000,001 - \$500 r	llion ☐ \$1,0	0,000,001 - \$1 billion 000,000,001 - \$10 billion 0,000,000,001 - \$50 billion re than \$50 billion
Part	7: Sign Below					
For	you	If I have cl United State If no attorn document, I request r I understate bankrupton and 3571. /s/ Aaron Aaron Do	nosen to file under Chapter 7 ites Code. I understand the rate of the represents me and I did in I have obtained and read the elief in accordance with the order of the result in fines up a Dean Morehead of Debtor 1	clare under penalty of perjury that 7, I am aware that I may proceed, relief available under each chapter not pay or agree to pay someone ne notice required by 11 U.S.C. § chapter of title 11, United States (c., concealing property, or obtaining to \$250,000, or imprisonment for	if eligible, under Chapter, and I choose to proceed who is not an attorney 342(b).  Code, specified in this purpose of property by up to 20 years, or bother of Debtor 2	er 7, 11,12, or 13 of title 11, eed under Chapter 7.  to help me fill out this etition.  fraud in connection with a
			MM / DD / YYYY		MM / DD / YYYY	

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Debtor 1 Aaron Dean Morehead Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ David R. Barlow	Date	July 23, 2019
Signature of Attorney for Debtor		MM / DD / YYYY
David B. Barlow 42027 MO: 16592 KS		
David R. Barlow 43937 MO; 16582 KS		
Printed name		
Barlow & Niffen, PC		
Firm name		
1901 Swift Avenue		
North Kansas City, MO 64116-3421		
Number, Street, City, State & ZIP Code		
Contact phone (816) 842-9009	Email address	barlow@kclawinfo.com
43937 MO; 16582 KS MO		
Bar number & State		

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B2030 (Form 2030) (12/15)

### United States Bankruptcy Court Western District of Missouri

In re	Aaron Dean Morehead		Case No.	
		Debtor(s)	Chapter	7
	DISCLOSURE OF COMPENSA	TION OF ATT	ORNEY FOR DEB	TOR(S)
C	ursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I compensation paid to me within one year before the filing of the rendered on behalf of the debtor(s) in contemplation of or in	he petition in bankrupt	cy, or agreed to be paid to	me, for services rendered or to
	For legal services, I have agreed to accept		\$	0.00
	Prior to the filing of this statement I have received			0.00
	Balance Due		\$	0.00
2. \$	<b>0.00</b> of the filing fee has been paid.			
3. T	he source of the compensation paid to me was:			
	■ Debtor □ Other (specify):			
4. T	he source of compensation to be paid to me is:			
	☐ Debtor ☐ Other (specify): ProBono; \	/oluntary Attorney	Project	
5. <b>I</b>	I have not agreed to share the above-disclosed compensati	on with any other pers	on unless they are member	s and associates of my law firm.
[	I have agreed to share the above-disclosed compensation vecopy of the agreement, together with a list of the names of			
6. I	n return for the above-disclosed fee, I have agreed to render l	legal service for all asp	ects of the bankruptcy case	e, including:
b c	Analysis of the debtor's financial situation, and rendering a Preparation and filing of any petition, schedules, statement Representation of the debtor at the meeting of creditors and [Other provisions as needed]  Per Contract. All services set forth in the Rig	of affairs and plan wh d confirmation hearing	ich may be required; , and any adjourned hearing	
7. B	y agreement with the debtor(s), the above-disclosed fee does  Per Contract. Such fee does not include represervices in Chapter 13 cases subject to court based on actual time records submitted by the	resentation in adve t approval, based o	rsary proceedings. Fee	es for post-confirmation led in Local Rule 2016-1, or
	CE	CRTIFICATION		
	certify that the foregoing is a complete statement of any agre nkruptcy proceeding.	ement or arrangement	for payment to me for repr	esentation of the debtor(s) in
Ju	ly 23, 2019	/s/ David R. Ba	rlow	
Do		David R. Barlo Signature of Atto Barlow & Niffe 1901 Swift Ave North Kansas	w 43937 MO; 16582 KS rney n, PC enue City, MO 64116-3421 Fax: (816)221-8040 rinfo.com	

Affirm.com PO Box 720 San Francisco CA 94104

American Express PO Box 8218 Mason OH 45040

American Express 20500 Belshaw Ave Carson CA 90746

Avant 222 N La Salle St, Ste 1700 Chicago IL 60601-1101

Bank of Missouri - Total Visa PO Box 85710 Sioux Falls SD 57118

Capital One PO Box 6492 Carol Stream IL 60197-6492

Capital One PO Box 30285 Salt Lake City UT 84130-0285

Card Services PO Box 219736 Kansas City MO 64121-9736

Cardmember Services PO Box 2969 Omaha NE 68103-2969

Cash Central PO Box 3544 Dublin OH 43016-0269

CashNet USA 175 W Jackson Blvd, Ste 1000 Chicago IL 60604 Centerpoint Medical Center 19600 East 39th St S Independence MO 64057

CitiCards PO Box 6241 Sioux Falls SD 57117

Coleman Furniture 333 Washington Ave Cedarhurst NY 11516

Dell Financial Services PO Box 81577 Austin TX 78708-1577

First National Bank of Omaha PO Box 2658 Omaha NE 68103-2658

First National Credit Card PO Box 2496 Omaha NE 68103-2496

Internal Revenue Service ATTN: Mail Stop 5334 Advisory/Insolvency 2850 NE Independence Ave Lees Summit MO 64064

Lend Nation 5358 Independence Ave Kansas City MO 64124

Manager of Finance 415 East 12th Street Kansas City MO 64106

Missouri Department of Revenue PO Box 475 Jefferson City MO 65105-0475

Mobiloans PO Box 1409 Marksville LA 71351 Niswi, LLC d/b/a Amplify Funding PO Box 542 Lac Du Flambeau WI 54538

NPRTO Mid-West, LLC 256 W Data Drive Draper UT 84020

Portfolio Recovery Associates 120 Corporate Blvd Ste 100 Norfolk VA 23502

Simple Fast Loan, Inc 8601 Dundwoody Place, Suite 406 Atlanta GA 30350

Speedy Cash 3947 Main Street Kansas City MO 64111

Synchrony Bank Attn: Bankruptcy Dept. PO Box 965060 Orlando FL 32896-5060

Synchrony Bank/Amazon PO Box 965015 Orlando FL 32896-5015

Synchrony Bank/PayPal Attn: Bankruptcy Dept PO Box 965060 Orlando FL 32896-5060

Synchrony Bank/Walmart Attn: Bankruptcy Dept. PO Box 965060 Orlando FL 32896-5060

Tower Loan PO Box 1624 Liberty MO 64069 UMB Credit Card Program PO Box 419734
Kansas City MO 64141

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## United States Bankruptcy Court Western District of Missouri

In re	Aaron Dean Morehead		Case No.					
		Debtor(s)	Chapter 7					
	<b>VERIFICATION OF MAILING MATRIX</b>							
	The above-named Debte	or(s) hereby verifies that the att	ached list of creditors is					
	true and correct to the best of my knowledge and includes the name and address of my							
	ex-spouse (if any).							
Date:	July 23, 2019	/s/ Aaron Dean Morehead						
		Aaron Dean Morehead						

Signature of Debtor

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Fill in this infor	rmation to identify your	case:		
Debtor 1	Aaron Dean More	head		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	WESTERN DISTRICT (	OF MISSOURI	
Case number				
(if known)				

### Official Form 106Sum

# Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

you	original forms, you must fill out a new Summary and check the box at the top of this page.		•
Par	11: Summarize Your Assets		
		Your a	ssets of what you own
1.	Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B	\$	0.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	2,732.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$	2,732.00
Par	t 2: Summarize Your Liabilities		
			<b>abilities</b> t you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	482.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	50,783.89
	Your total liabilities	\$	51,265.89
Par	t 3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	1,523.00
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	1,523.00
Par	4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	ur other sch	nedules.
7.	Yes What kind of debt do you have?		
	Vous debte are primarily concurred debte. Concurred debte are those "incurred by an individual primarily for	0 000005-1	family or

- Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

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Debtor 1 Aaron Dean Morehead

Case number (if known)

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$\_\_\_\_\_558.00

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

From Port A on Cohodula E/E compthe following:	Total claim	
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. <b>Total.</b> Add lines 9a through 9f.	\$	0.00

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			Document	Page 16 of 50		
Fill in this	information to id	dentify your case	and this filing:			
Debtor 1	Aaron	Dean Morehead	1			
	First Name	9	Middle Name	Last Name		
Debtor 2 (Spouse, if filin	rg) First Name		Middle Name	Last Name		
United Stat	tes Bankruptcy Co	ourt for the: WES	STERN DISTRICT OF MIS	SOURI		
Case numb	per					☐ Check if this is an
						amended filing
Official	Form 106	SA/B				
_	_		2.7			
		: Propert		f an asset fits in more than one		12/15
nformation. Answer ever	If more space is no y question.	eeded, attach a sepa		ole are filing together, both are the top of any additional pages Own or Have an Interest In		
1. Do you ov	wn or have any leg	al or equitable inter	est in any residence, buildin	g, land, or similar property?		
<b>■</b>						
■ No. Go		•				
☐ Yes. W	Vhere is the property	/?				
Part 2: Des	scribe Your Vehicle	es				
□ No ■ Yes	, ,	, , ,	ehicles, motorcycles			
3.1 Make	e: Mercury		Who has an interest in t	the property? Check one		laims or exemptions. Put
Mode			■ Debtor 1 only			ed claims on Schedule D: ims Secured by Property.
Year	1999		Debtor 2 only		Current value of the	Current value of the
Appr	oximate mileage:	215,000	Debtor 1 and Debtor 2	? only	entire property?	portion you own?
	r information:		☐ At least one of the del	otors and another		
VIN:	: 1MEFM13P1X	(W614591	☐ Check if this is com	munity proporty	\$1,137.00	\$1,137.00
			(see instructions)	numity property		<del></del>
Examples  No  Yes  No  Add the pages y	s: Boats, trailers, e dollar value of you have attache	motors, personal w the portion you or d for Part 2. Write	vatercraft, fishing vessels, s wn for all of your entries that number here	nicles, other vehicles, and a snowmobiles, motorcycle accommobiles, motorcycle accommodate	entries for	\$1,137.00
Do you ow	n or have any le	gal or equitable i	nterest in any of the follo	wing items?		Current value of the portion you own?  Do not deduct secured

Official Form 106A/B Schedule A/B: Property page 1

claims or exemptions.

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☐ Yes. Describe.....

14. Any other personal and household items you did not already list, including any health aids you did not list

■ No

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	Yes. Give specific information		
15.	Add the dollar value of all of your entries from Part 3 for Part 3. Write that number here		\$1,595.00
Part	4: Describe Your Financial Assets		
Do	ou own or have any legal or equitable interest in any	y of the following?	Current value of the portion you own? Do not deduct secured claims or exemptions.
		in a safe deposit box, and on hand when you file your petit	ion
	Deposits of money  Examples: Checking, savings, or other financial accounts institutions. If you have multiple accounts with No	s; certificates of deposit; shares in credit unions, brokerage h the same institution, list each.	houses, and other similar
	Yes	Institution name:	
	17.1. Checking Account	UMB	\$0.00
	17.2. Checking Account	Capital One	\$0.00
	Bonds, mutual funds, or publicly traded stocks  Examples: Bond funds, investment accounts with brokers  No		
	Yes Institution or issuer nam	ne:	
	Ion-publicly traded stock and interests in incorporate joint venture	ed and unincorporated businesses, including an interes	st in an LLC, partnership, and
	Yes. Give specific information about them  Name of entity:	% of ownership:	
_	Government and corporate bonds and other negotiable Negotiable instruments include personal checks, cashier Non-negotiable instruments are those you cannot transfel No	s' checks, promissory notes, and money orders.	
	I Yes. Give specific information about them Issuer name:		
	Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b I No	b), thrift savings accounts, or other pension or profit-sharing	plans
	Yes. List each account separately.  Type of account:	Institution name:	
		it you may continue service or use from a company lic utilities (electric, gas, water), telecommunications compa	nies, or others
	No	Institution name or individual:	

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)

■ No

☐ Yes..... Issuer name and description.

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.

Official Form 106A/B Schedule A/B: Property

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Examples: Accidents, employment disputes, insurance claims, or rights to sue

■ No

☐ Yes. Describe each claim.......

### 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims

■ No

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Case number (if known)

Debtor 1	Aaron Dean Morehead		Case number (if known)	
☐ Yes	. Describe each claim			
35. <b>Anv fi</b>	nancial assets you did not already list			
■ No				
☐ Yes	. Give specific information			
	the dollar value of all of your entries from Part 4, includin Part 4. Write that number here			\$0.00
Part 5: Do	escribe Any Business-Related Property You Own or Have an Inter	rest In. List any real esta	ate in Part 1.	
37. <b>Do you</b>	own or have any legal or equitable interest in any business-relate	ed property?		
No. G	so to Part 6.			
☐ Yes.	Go to line 38.			
	escribe Any Farm- and Commercial Fishing-Related Property You you own or have an interest in farmland, list it in Part 1.	own or Have an Interes	st In.	
46. <b>Do yo</b>	u own or have any legal or equitable interest in any farm-	or commercial fishin	ng-related property?	
■ No	. Go to Part 7.			
☐ Ye	s. Go to line 47.			
Part 7:	Describe All Property You Own or Have an Interest in That You	u Did Not List Above		
	u have other property of any kind you did not already list	?		
_	nples: Season tickets, country club membership			
■ No				
⊔ Yes	. Give specific information			
54. <b>Add</b>	the dollar value of all of your entries from Part 7. Write th	at number here		\$0.00
Part 8:	List the Totals of Each Part of this Form			
55. <b>Part</b>	1: Total real estate, line 2			\$0.00
	2: Total vehicles, line 5	\$1,137.00		<del></del>
	3: Total personal and household items, line 15	\$1,595.00		
58. <b>Part</b>	4: Total financial assets, line 36	\$0.00		
	5: Total business-related property, line 45	\$0.00		
	6: Total farm- and fishing-related property, line 52	\$0.00		
	7: Total other property not listed, line 54 +	\$0.00		
62. <b>Tota</b>	Il personal property. Add lines 56 through 61	\$2,732.00	Copy personal property total	\$2,732.00
63. Tota	I of all property on Schedule A/B. Add line 55 + line 62			\$2,732.00

Official Form 106A/B Schedule A/B: Property page 5

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ill in this information to identify your case:					
Aaron Dean More	head				
First Name	Middle Name	Last Name			
First Name	Middle Name	Last Name			
kruptcy Court for the:	WESTERN DISTRICT O	OF MISSOURI			
				Check if this is an amended filing	
	Aaron Dean More First Name	Aaron Dean Morehead       First Name     Middle Name       First Name     Middle Name	Aaron Dean Morehead       First Name     Middle Name     Last Name       First Name     Middle Name     Last Name	Aaron Dean Morehead       First Name     Middle Name     Last Name       First Name     Middle Name     Last Name	

### Official Form 106C

# Schedule C: The Property You Claim as Exempt

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

1.	Which set of exemptions are you claiming	? Check one only, eve	n if yo	our spouse is filing with you.	
	■ You are claiming state and federal nonban	kruptcy exemptions.	11 U.S	S.C. § 522(b)(3)	
	☐ You are claiming federal exemptions. 11	U.S.C. § 522(b)(2)			
2.	For any property you list on Schedule A/B	that you claim as exe	empt,	fill in the information below.	
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	Che	eck only one box for each exemption.	
	1999 Mercury Tracer 215,000 miles VIN: 1MEFM13P1XW614591	\$1,137.00		\$1,137.00	RSMo § 513.430.1(5)
	Line from Schedule A/B: 3.1			100% of fair market value, up to any applicable statutory limit	
	Sectional Sofa Line from Schedule A/B: 6.1	\$200.00		\$200.00	RSMo § 513.430.1(1)
	Line IIIIII Schedule AVB. 0.1			100% of fair market value, up to any applicable statutory limit	
	Living Room: Bookcase \$20, Lamp \$10, Entertainment Center \$40;	\$455.00		\$455.00	RSMo § 513.430.1(1)
	Dining Room: Table \$20 Chairs \$40, Cabinet \$20; Kitchen: Table \$10, Chairs \$20, Microwave \$30; Dishes \$20, Cookware \$20; Bedroom #1: Bed \$100; Bedroom #2: Chair \$25, Desk \$50; Other Rooms, Misc Line from Schedule A/B: 6.2			100% of fair market value, up to any applicable statutory limit	
	2 TVs \$125, VCR/DVD Player \$15, Computer \$100.	\$240.00		\$240.00	RSMo § 513.430.1(1)
	Line from Schedule A/B: 7.1			100% of fair market value, up to	

any applicable statutory limit

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escription of the property and line on ule A/B that lists this property	Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption		
	Copy the value from Schedule A/B	Che	ck only one box for each exemption.			
es om Schedule A/R: 11 1	\$500.00		\$500.00	RSMo § 513.430.1(1)		
om Schedule Arb. 1111			100% of fair market value, up to any applicable statutory limit			
and Watch	\$200.00	•	\$200.00	RSMo § 513.430.1(2)		
Sill Schedule AVD. 12.1			100% of fair market value, up to any applicable statutory limit			
Term Life Insurance (No Cash	\$0.00		100%	RSMo § 513.430.1(7)		
riciary: Ethel Williams om Schedule A/B: 31.1			100% of fair market value, up to any applicable statutory limit			
	and Watch om Schedule A/B: 12.1  Term Life Insurance (No Cash ) iiciary: Ethel Williams om Schedule A/B: 31.1	and Watch som Schedule A/B: 12.1  Term Life Insurance (No Cash ) iciciary: Ethel Williams om Schedule A/B: 31.1	and Watch om Schedule A/B: 11.1  and Watch om Schedule A/B: 12.1  Term Life Insurance (No Cash ) iciciary: Ethel Williams	som Schedule A/B: 11.1    100% of fair market value, up to any applicable statutory limit    200.00		

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		Document	Page 23	of 50		
Fill in this inform	ation to identify you	ur case:				
Debtor 1	Aaron Dean Mo	rehead				
Debior	First Name	Middle Name	Last Name			
Debtor 2						
(Spouse if, filing)	First Name	Middle Name	Last Name			
United States Ban	kruptcy Court for the	: WESTERN DISTRICT OF MI	ISSOURI			
0						
Case number					□ Check	if this is an
						ded filing
					_	Ü
Official Form	106D					
Schedule I	D: Creditors	Who Have Claims	Secured	by Property	/	12/15
Po as complete and	accurate as possible	If two married poople are filing toge	than both are ag	ually recognition for au	nnlying correct informs	tion If more enese
is needed, copy the		If two married people are filing toge out, number the entries, and attach				
number (if known).						
	nave claims secured b					
□ No. Check	this box and submit t	his form to the court with your other	er schedules. Yo	ou have nothing else to	report on this form.	
Yes. Fill in	all of the information	below.				
Part 1: List All	Secured Claims					
		more than one secured claim, list the c		Column A	Column B	Column C
		s a particular claim, list the other credite ical order according to the creditor's na		Amount of claim Do not deduct the	Value of collateral that supports this	Unsecured portion
		iodi ordor docording to the ordanor orne		value of collateral.	claim	If any
2.1 Affirm.com Creditor's Name	1	Describe the property that secure	s the claim:	\$482.00	\$200.00	\$282.00
Creditor's Name		Sectional Sofa				
PO Box 72	0	As of the date you file, the claim is apply.	s: Check all that			
San Franci	isco, CA 94104	Contingent				
Number, Street, 0	City, State & Zip Code	☐ Unliquidated				
	10.5	Disputed				
Who owes the deb	Ot? Check one.	Nature of lien. Check all that apply				
■ Debtor 1 only		An agreement you made (such a car loan)	is mortgage or sec	ured		
☐ Debtor 2 only	otor O only		a a a b a nia la lian)			
☐ Debtor 1 and Deb	e debtors and another	☐ Statutory lien (such as tax lien, m☐ Judgment lien from a lawsuit	rechanic's lien)			
☐ Check if this cla		Other (including a right to offset)	Purchase N	Money Security Inte	erest	
community deb		— Other (including a right to onset)				
Date debt was incu	rred 02/15/19	Last 4 digits of account nu	mber OTMI			
	02/10/13					
Add the dollar val	ue of your entries in C	Column A on this page. Write that nu	mber here:	\$48	2.00	
If this is the last p Write that number		the dollar value totals from all page	es.	\$48	2.00	
write that number	i liele.					
Part 2: List Other	ers to Be Notified fo	or a Debt That You Already Liste	ed			
		e notified about your bankruptcy fo				
		owe to someone else, list the credito t you listed in Part 1, list the addition				
	not fill out or submit th			-		,
Nome Numb	or Stroot City State 9	Zin Codo	_			
Coleman I	er, Street, City, State & Furniture	ZIP OUUE	On whic	h line in Part 1 did you er	ter the creditor? 2.1	
	ington Ave		Last 4 d	igits of account number _	_	
Cedarhurs	st, NY 11516					

Official Form 106D

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			Doc	ument	Page 24	l of 50		
Fill in t	his informa	ation to identify your	case:					
Debtor	1	Aaron Dean More	head					
Dobtoi		First Name	Middle Name		Last Name		_	
Debtor :	2							
(Spouse if	, filing)	First Name	Middle Name		Last Name			
United S	States Bank	cruptcy Court for the:	WESTERN DIST	RICT OF MI	ISSOURI		_	
Case nu	umber							
(if known)								check if this is an
							a	mended filing
~"·	. –	400E/E						
		106E/F						
Sche	dule E/	F: Creditors W	ho Have Un	secured	d Claims			12/15
Schedule Schedule left. Attac	G: Executo D: Creditor the Conti	ncts or unexpired leases ory Contracts and Unexp is Who Have Claims Sect nuation Page to this pag oer (if known).	ired Leases (Official ured by Property. If r	Form 106G). nore space is	Do not include s needed, copy t	any creditors with parti he Part you need, fill it	ally secured claims out, number the en	that are listed in tries in the boxes on the
Part 1:	List All	of Your PRIORITY Un	secured Claims					
1. Do a	any creditors	s have priority unsecure	d claims against you	?				
	No. Go to Par	t 2.						
	es.							
Part 2:	List All	of Your NONPRIORIT	Y Unsecured Clair	ms				
3. Do a	any creditors	s have nonpriority unsec	ured claims against	you?				
	No. You have	nothing to report in this pa	art. Submit this form to	the court wit	h your other sche	dules.		
	res.							
unse	ecured claim, one creditor	nonpriority unsecured classifies the creditor separately holds a particular claim, li	for each claim. For e	ach claim liste	ed, identify what t	ype of claim it is. Do not I	list claims already inc	luded in Part 1. If more
								Total claim
4.1	<b>America</b>	n Express	Last	4 digits of ac	count number	1002		\$3.456.33
		Creditor's Name				1002		
	PO Box 8	-	When	n was the del	bt incurred?	2015-2017		-
-	Mason, C		As at	the date yes	u filo the eleim i	c. Chook all that apply		
		eet City State Zip Code ed the debt? Check one.	AS O	the date you	u file, the claim i	s: Check all that apply		
	Debtor 1		По					
		•		ontingent				
	Debtor 2	•		nliquidated				
		and Debtor 2 only		isputed	DITV	l alaim.		
		one of the debtors and and	П о	of NONPRIC	RITY unsecured	i cialm:		
	☐ Check if debt	this claim is for a comm	numity		dan aut of		and the transfer of the transfer of	
		subject to offset?		bligations aris t as priority cl		ration agreement or divo	rce that you did not	
	■ No	•		. ,		g plans, and other similar	r debts	
	☐ Yes			•	Credit Card	• •		
	□ res		<b>-</b> 0	tner. Specify	Sieuit Galu	1 410114363		

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Debte	Aaron Dean Morehead		Case number (if known)	
4.2	Avant	Last 4 digits of account number	8856	\$3,786.00
	Nonpriority Creditor's Name  222 N La Salle St, Ste 1700	When was the debt incurred?	05/26/16	
	Chicago, IL 60601-1101  Number Street City State Zip Code	As of the date you file, the claim	s: Check all that apply	
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt		ration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims  Debts to pension or profit-sharin	a plane, and other circilar debte	
	■ No	·		
	Yes	Other. Specify Personal L	oan	
4.3	Bank of Missouri - Total Visa	Last 4 digits of account number	xxxx	\$307.00
	Nonpriority Creditor's Name PO Box 85710	When was the debt incurred?	2018-2019	
	Sioux Falls, SD 57118  Number Street City State Zip Code		er Charle all that analy	
	Who incurred the debt? Check one.	As of the date you file, the claim	s: Cneck all that apply	
	Debtor 1 only	Пол		
	_	Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed  Type of NONPRIORITY unsecure	d alaim.	
	At least one of the debtors and another	Student loans	d Claim.	
	☐ Check if this claim is for a community debt		ration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Credit Card	l Purchases	
4.4	Capital One	Last 4 digits of account number	2760	\$2.167.80
	Nonpriority Creditor's Name	_		<del>+=,:::::::</del>
	PO Box 6492	When was the debt incurred?	2014-2019	
	Carol Stream, IL 60197-6492  Number Street City State Zip Code	As of the date you file, the claim	s: Check all that apply	
	Who incurred the debt? Check one.	As of the date you me, the claim	S. Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
		☐ Student loans		
	☐ Check if this claim is for a community debt	_	ration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	agreement of diverse that you did not	
	No	Debts to pension or profit-sharing	g plans, and other similar debts	
	☐ Yes	Other Specify Credit Card	l Purchases	

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Debto	Aaron Dean Morehead		Case number (if known)	
4.5	Capital One	Last 4 digits of account number	1690	\$2,756.00
	Nonpriority Creditor's Name PO Box 30285	When was the debt incurred?	2010-2018	
	Salt Lake City, UT 84130-0285  Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim i	is: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
	☐ Yes	Other. Specify Credit Card	l Purchases	
4.6	Card Services	Last 4 digits of account number	7819	\$1,999.73
	Nonpriority Creditor's Name PO Box 219736	When was the debt incurred?	2015-2019	
	Kansas City, MO 64121-9736  Number Street City State Zip Code	As of the date you file, the claim i	s: Check all that apply	
	Who incurred the debt? Check one.	7.5 or and date <b>y</b> ou me, and claim.	or orion an indicapply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt		ration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims  Debts to pension or profit-sharin	a plane, and other similar debte	
	■ No	·		
	Yes	Other. Specify Credit Card	l Purchases	
4.7	Cash Central	Last 4 digits of account number	0144	\$2,102.00
	Nonpriority Creditor's Name PO Box 3544 Dublin, OH 43016-0269	When was the debt incurred?	02/06/19	
	Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim i	is: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not	
	■ No	☐ Debts to pension or profit-sharin	g plans, and other similar debts	
	□ Yes	Other Specify Payday Loa	an	

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Debtor	1 Aaron Dean Morehead	Case number (if known)	
4.8	CashNet USA	Last 4 digits of account number 7672	\$1,794.34
	Nonpriority Creditor's Name 175 W Jackson Blvd, Ste 1000	When was the debt incurred? 06/2019	
	Chicago, IL 60604  Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	Contingent	
	Debtor 2 only	Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community debt	☐ Student loans	
	Is the claim subject to offset?	Dobligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	Other. Specify Payday Loan	
4.9	Centerpoint Medical Center	Last 4 digits of account number 3673	Unknown
	Nonpriority Creditor's Name 19600 East 39th St S	When was the debt incurred? 05/22/19	
	Independence, MO 64057  Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	□ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	■ Other. Specify Medical Services	
4.1	CitiCards	Last 4 digits of account number 8673	\$4,815.00
0	Nonpriority Creditor's Name	Last 4 digits of account number 8673	Ψ+,013.00
	PO Box 6241	When was the debt incurred? 2016-2017	
	Sioux Falls, SD 57117	As of the date were file the plaint in Observal all that each	
	Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other, Specify Credit Card Purchases	

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Last 4 digits of account number 3610	\$1,668.0
When was the debt incurred? 10/23/16	
As of the date you file, the claim is: Check all that apply	
, and the second	
☐ Contingent	
☐ Unliquidated	
☐ Disputed	
Type of NONPRIORITY unsecured claim:	
☐ Student loans	
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
$\square$ Debts to pension or profit-sharing plans, and other similar debts	
■ Other. Specify Credit Card Purchases	
Last 4 digits of account number 6967	\$794.16
When was the debt incurred?	
As of the date you file, the claim is: Check all that apply	
,	
☐ Contingent	
☐ Unliquidated	
☐ Disputed	
Type of NONPRIORITY unsecured claim:	
☐ Student loans	
Obligations arising out of a separation agreement or divorce that you did not	
· · · · · · · · · · · · · · · · · · ·	
Last 4 digits of account number 4616	\$1,258.73
When was the debt incurred? 2014-2019	
As of the date you file, the claim is: Check all that apply	
☐ Contingent	
☐ Unliquidated	
☐ Disputed	
<u> </u>	
report as priority claims	
$\square$ Debts to pension or profit-sharing plans, and other similar debts	
■ Other. Specify Credit Card Purchases	
	When was the debt incurred?  As of the date you file, the claim is: Check all that apply  Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Other. Specify Credit Card Purchases  Last 4 digits of account number Obligations arising out of a separation agreement or divorce that you did not report as priority claims Credit Card Purchases  Last 4 digits of account number Ostantian of the date you file, the claim is: Check all that apply  Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts  Credit Card Purchases  Last 4 digits of account number Other. Specify Credit Card Purchases  Last 4 digits of account number Other. Specify Credit Card Purchases  Last 5 digits of account number When was the debt incurred? 2014-2019  As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts

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Debt	or 1 Aaron Dean Morehead		Case number (if known)	
1.1 1	Lend Nation	Last 4 digits of account number	5742	\$939.84
	Nonpriority Creditor's Name 5358 Independence Ave Kansas City, MO 64124	When was the debt incurred?	03/04/19	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
	☐ Yes	Other. Specify Personal L	oan	
4.1 5	Mobiloans	Last 4 digits of account number	2059	\$2,028.39
	Nonpriority Creditor's Name PO Box 1409 Marksville, LA 71351	When was the debt incurred?	12/24/14	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	report as priority claims	aration agreement or divorce that you did not	
	No	Debts to pension or profit-sharing	ng plans, and other similar debts	
	Yes	Other. Specify Payday Loa	an	
4.1 S	Niswi, LLC d/b/a	Last 4 digits of account number	5729	\$1,200.00
	Nonpriority Creditor's Name  Amplify Funding	When was the debt incurred?	06/21/19	
	PO Box 542 Lac Du Flambeau, WI 54538			
	Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.			
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	report as priority claims	aration agreement or divorce that you did not	
	No	Debts to pension or profit-sharing		
	Yes	Other. Specify Installment	Loan	

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1 Aaron Dean Morehead		Case number (if known)	
Simple Fast Loan, Inc	Last 4 digits of account number	5000	\$2,866.48
Nonpriority Creditor's Name 8601 Dundwoody Place, Suite 406	When was the debt incurred?	02/22/19	
Atlanta, GA 30350  Number Street City State Zip Code	As of the date you file, the claim i	s: Check all that apply	
Who incurred the debt? Check one.	,		
■ Debtor 1 only	☐ Contingent		
☐ Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
Yes	Other. Specify Payday Loa	an	
Speedy Cash	Last 4 digits of account number	9253	\$381.00
Nonpriority Creditor's Name			
3947 Main Street Kansas City, MO 64111	When was the debt incurred?	05/05/19	
Number Street City State Zip Code	As of the date you file, the claim i	s: Check all that apply	
Who incurred the debt? Check one.			
■ Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
Yes	Other. Specify Payday Loa	an	
Synchrony Bank/Amazon	Last 4 digits of account number	xxxx	\$5,483.00
Nonpriority Creditor's Name			
PO Box 965015	When was the debt incurred?	2018-2019	
Orlando, FL 32896-5015  Number Street City State Zip Code	As of the date you file, the claim i	s: Check all that apply	
Who incurred the debt? Check one.	,		
■ Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt	0 0 1	ration agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims	a plane, and other similar debts	
■ No	Debts to pension or profit-sharin	<del>-</del> ·	
Yes	Other. Specify Credit Card	l Purchases	

Official Form 106 E/F

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Aaron Dean Morenead		Case number (if known)	
Synchrony Bank/PayPal	Last 4 digits of account number	4947	\$6,686.32
Nonpriority Creditor's Name Attn: Bankruptcy Dept PO Box 965060	When was the debt incurred?		
Orlando, FL 32896-5060 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
■ Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
Yes	Other. Specify Credit Card	l Purchases	
Synchrony Bank/Walmart	Last 4 digits of account number	2243	\$1,579.77
Nonpriority Creditor's Name Attn: Bankruptcy Dept. PO Box 965060	When was the debt incurred?	2015-2019	
Orlando, FL 32896-5060 Number Street City State Zip Code	As of the date you file, the claim i	is: Check all that apply	
Who incurred the debt? Check one.			
■ Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
lacksquare At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
Check if this claim is for a community	Student loans		
debt Is the claim subject to offset?	report as priority claims	aration agreement or divorce that you did not	
No	Debts to pension or profit-sharin	g plans, and other similar debts	
Yes	Other. Specify Credit Card	d Purchases	
Tower Loan	Last 4 digits of account number	2891	\$2,714.00
Nonpriority Creditor's Name PO Box 1624 Liberty, MO 64069	When was the debt incurred?	04/17/19	
Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim i	is: Check all that apply	
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a sena	aration agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims	and a discontinuous discontinu	
■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
☐Yes	Other, Specify     Personal Legendre	oan	

Part 3: List Others to Be Notified About a Debt That You Already Listed

<sup>5.</sup> Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

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Debtor 1 Aaron Dean Morehead		Case number (if known)					
Name and Address	On which entry in Part 1 or Part 1	Part 2 did you list the original creditor?					
American Express	Line <b>4.1</b> of (Check one):	Part 1: Creditors with Priority Unsecured Claims					
20500 Belshaw Ave		■ Part 2: Creditors with Nonpriority Unsecured Claims					
Carson, CA 90746	Last 4 digits of account number	, and a second management of the second seco					
Name and Address	On which entry in Part 1 or Part 2	2 did you list the original creditor?					
Cardmember Services	Line 4.12 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims					
PO Box 2969 Omaha, NE 68103-2969		Part 2: Creditors with Nonpriority Unsecured Claims					
Smaria, NE 00100 2000	Last 4 digits of account number						
Name and Address	On which entry in Part 1 or Part 2	which entry in Part 1 or Part 2 did you list the original creditor?					
Portfolio Recovery Associates	Line <b>4.19</b> of ( <i>Check one</i> ):	☐ Part 1: Creditors with Priority Unsecured Claims					
120 Corporate Blvd Ste 100 Norfolk, VA 23502		Part 2: Creditors with Nonpriority Unsecured Claims					
110110111, 171 20002	Last 4 digits of account number						
Name and Address	On which entry in Part 1 or Part 2	2 did you list the original creditor?					
Synchrony Bank	Line <b>4.19</b> of ( <i>Check one</i> ):	☐ Part 1: Creditors with Priority Unsecured Claims					
Attn: Bankruptcy Dept. PO Box 965060		Part 2: Creditors with Nonpriority Unsecured Claims					
Orlando, FL 32896-5060							
,	Last 4 digits of account number						
Name and Address	•	2 did you list the original creditor?					
UMB Credit Card Program	Line 4.6 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims					
PO Box 419734 Kansas City, MO 64141		Part 2: Creditors with Nonpriority Unsecured Claims					
	Last 4 digits of account number						

### Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				Total Claim
	6a.	Domestic support obligations	6a.	\$ 0.00
Total claims				
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$ 0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$ 0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ 0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$ 0.00
				Total Claim
	6f.	Student loans	6f.	\$ 0.00
Total claims				
from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ 0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ 0.00
	6i.	<b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ 50,783.89
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$ 50,783.89

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Fill in this infor	Il in this information to identify your case:					
Debtor 1	Aaron Dean More	ehead				
	First Name	Middle Name	Last Name			
Debtor 2						
(Spouse if, filing)	First Name	Middle Name	Last Name			
United States Ba	ankruptcy Court for the:	WESTERN DISTRICT (	OF MISSOURI			
Case number						
(if known)						

# Official Form 106G

# **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Р	erson or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code	State what the contract or lease is for
2.1	Brookside Apartments 1105 S Brookside Ave Independence, MO 64053	Residential Lease - \$331.00 per month; Expires April, 2020.
2.2	NPRTO Mid-West, LLC 256 W Data Drive Draper, UT 84020	Lease on Mattress Set - \$141.82 monthly for 13 months beginning August, 2019.

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		Docume	nı Page 34 C	01 50	
Fill in thi	is information to identify your	case:			
Debtor 1	Aaron Dean Mor	ehead			
DCDIOI 1	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, f	iling) First Name	Middle Name	Last Name		
United St	tates Bankruptcy Court for the:	WESTERN DISTRICT (	OF MISSOURI		
				_	
Case nur (if known)	mber				Chapte if this is an
(II KIIOWII)					Check if this is an amended filing
					amenasa ming
Officia	al Form 106H				
Sche	dule H: Your Cod	lehtors			12/15
Jene	daic II. Toul God				12/13
ill it out,		boxes on the left. Attach	the Additional Page		eeded, copy the Additional Page, o of any Additional Pages, write
1. Do	you have any codebtors? (If	you are filing a joint case,	do not list either spouse	e as a codebtor.	
■ No					
Arizo	ne 2 again as a codebtor only	a, Nevada, New Mexico, Pu ouse, or legal equivalent live otors. Do not include your if that person is a guaran	erto Rico, Texas, Wash e with you at the time? spouse as a codebto tor or cosigner. Make	ington, and Wisconsin.)  r if your spouse is filing sure you have listed the	
out	Column 1: Your codebtor Name, Number, Street, City, State and 2	7IP Code		Column 2: The cre	editor to whom you owe the debt
	,, 2	- ,		Officer all soffedule	ο ιπαι αρριγ.
3.1				☐ Schedule D, line	e
	Name			☐ Schedule E/F, I	ine
				☐ Schedule G, lin	e
	Number Street			<u> </u>	
	City	State	ZIP Code		
20				Помента в	
3.2	Name			□ Schedule D, lin □ Schedule E/F, I	
				☐ Schedule E/F, I	
				Scriedule G, IIN	C
	Number Street		715.0		
	City	State	ZIP Code		

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Fill	in this information to identify you	r case:				•				
Del	btor 1 Aaron Dea	an Morehead			_					
1 -	btor 2 puse, if filing)				_					
Uni	ited States Bankruptcy Court for t	he: WESTERN DISTRICT	F OF MISSOURI							
(If ki	se number nown)  fficial Form 106I		-			☐ An a☐ A si		nt showing s of the fo	postpetition	
	chedule I: Your In	come				IVIIVI	./ עט/ 11	11		12/1
sup spo atta Pa	as complete and accurate as populating correct information. If youse. If you are separated and youch a separate sheet to this formation.  Describe Employment	ou are married and not filing wing spouse is not filing wing on the top of any addition.	ng jointly, and your ith you, do not inclu	spouse i ide inforr	s liv nati	ring with yo on about y	ou, includ our spou	de inform ıse. If mo	ation about re space is	your needed,
1.	Fill in your employment information.		Debtor 1				ebtor 2	or non-fil	ing spouse	
	If you have more than one job, attach a separate page with information about additional	Employment status	<ul><li>☐ Employed</li><li>■ Not employed</li></ul>				☐ Employ ☐ Not em			
	employers.	Occupation	Disabled							
	Include part-time, seasonal, or self-employed work.	Employer's name								
	Occupation may include studer or homemaker, if it applies.	nt Employer's address								
		How long employed t	here?							
Pai	rt 2: Give Details About N	lonthly Income								
	imate monthly income as of the use unless you are separated.	e date you file this form. If	you have nothing to ı	report for	any	line, write \$	0 in the s	space. Incl	ude your no	n-filing
If yo	ou or your non-filing spouse have e space, attach a separate sheet	more than one employer, co to this form.	ombine the information	on for all e	mpl	oyers for the	at person	on the lin	es below. If	you need
						For Debto	or 1	For Deb	tor 2 or ng spouse	
2.	List monthly gross wages, sa deductions). If not paid monthl			2.	\$		0.00	\$	N/A	-
3.	Estimate and list monthly over	ertime pay.		3.	+\$		0.00	+\$	N/A	-
4.	Calculate gross Income. Add	l line 2 + line 3.		4.	\$	0	0.00	\$	N/A	

Official Form 106I Schedule I: Your Income page 1

Deb	tor 1	Aaron Dean Morehead	-	Cas	se number (if known)				
				F	or Debtor 1		ebtor 2		
	Cop	by line 4 here	4.	\$	0.00	\$		N/A	_
5.	List	all payroll deductions:							
-	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	0.00	\$		N/A	
	5b.	Mandatory contributions for retirement plans	5b.		0.00	\$		N/A	_
	5c.	Voluntary contributions for retirement plans	5c.		0.00	\$		N/A	
	5d.	Required repayments of retirement fund loans	5d.	\$	0.00	\$		N/A	_
	5e.	Insurance	5e.	\$	0.00	\$		N/A	_
	5f.	Domestic support obligations	5f.	\$	0.00	\$		N/A	_
	5g.	Union dues	5g.		0.00	\$		N/A	_
	5h.	Other deductions. Specify:	5h.	+ \$	0.00	+ \$		N/A	_
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	0.00	\$		N/A	_
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	0.00	\$		N/A	_
8.	List 8a.	all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	0.00	\$		N/A	
	8b.	Interest and dividends	8b.	\$	0.00	\$		N/A	_
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$	0.00	\$		N/A	
	8d.	Unemployment compensation	8d.	\$	0.00	\$		N/A	_
	8e.	Social Security	8e.	\$	1,523.00	\$		N/A	_
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:	8f.	\$	0.00	\$		N/A	_
	8g. 8h.	Pension or retirement income	8g. 8h.		0.00	, <b>\$</b>		N/A N/A	_
	OII.	Other monthly income. Specify:	_ 011.	+ ə	0.00	+ »		N/A	_
9.	Add	d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$_	1,523.00	\$		N/A	4
10.	Cal	culate monthly income. Add line 7 + line 9.	10.	<b>.</b>	1,523.00 + \$		N/A	= \$	1,523.00
		I the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.			1,020.00		14/7	-	1,020.00
11.	State Included Other	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your or friends or relatives.  not include any amounts already included in lines 2-10 or amounts that are not accify:	depe		. •	,	hedule 11.	4	0.00
12.		If the amount in the last column of line 10 to the amount in line 11. The rest that amount on the Summary of Schedules and Statistical Summary of Certainlies					12.	\$	1,523.00
13.	Do	you expect an increase or decrease within the year after you file this form	?					Combi month	ned ly income
		No.							
		Voc Explain:							

	in this informat	tion to identify yo	our case:			l		
Deb		Aaron Dean		d		Che	ck if this is:	
		Adion beam	Morenea	<u>u</u>			An amended filing	
	tor 2 ouse, if filing)							wing postpetition chapter the following date:
Unite	ed States Bankr	uptcy Court for the	: WESTE	ERN DISTRICT OF MISSO	URI	-	MM / DD / YYYY	
	e number nown)							
Of	fficial Fo	rm 106J				•		
Sc	chedule	J: Your	Exper	ises				12/15
Be a	as complete a	and accurate as	possible.	If two married people ar ch another sheet to this	e filing together, be form. On the top of	oth are equ f any addition	ally responsible fo onal pages, write y	or supplying correct your name and case
		ibe Your House	ehold					
1.	Is this a join							
	■ No. Go to		in a separ	ate household?				
	□ No		•					
	□ Ye	es. Debtor 2 mus	st file Offici	al Form 106J-2, <i>Expenses</i>	for Separate House	ehold of Deb	tor 2.	
2.	Do you have	e dependents?	■ No					
	Do not list De Debtor 2.	ebtor 1 and	☐ Yes.	Fill out this information for each dependent	Dependent's relati Debtor 1 or Debto		Dependent's age	Does dependent live with you?
	Do not state							□ No
	dependents	names.						□ Yes □ No
							_	☐ Yes
								□ No
								☐ Yes ☐ No
								☐ Yes
3.	expenses of	enses include f people other t d your depende	han $_{m \Box}$	No Yes				
Part		ate Your Ongoi		v Evnansas				
Esti	imate your ex	penses as of y	our bankr	uptcy filing date unless y y is filed. If this is a supp				
				government assistance in Sluded it on Schedule I: Y				
(Off	ficial Form 10	6I.)					Your exp	enses
4.		r home owners		ses for your residence. In	nclude first mortgag	e 4. §	8	331.00
	If not includ	ed in line 4:						
	4a. Real e	state taxes				4a. \$	3	0.00
	4b. Proper	rty, homeowner's				4b. \$	S	20.00
		maintenance, re owner's associat		ipkeep expenses		4c. \$		0.00
5.				oominium dues our residence, such as ho	me equity loans	4a. \$ 5. \$		0.00

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ebtor '	Aaron Dean Morehead	Case num	ber (if known)	
. Uti	lities:			
6a.		6a.	\$	130.00
6b	•	6b.	· -	0.00
6c.		6c.	· · · · · · · · · · · · · · · · · · ·	105.00
6d.		6d.	\$	0.00
	od and housekeeping supplies	7.	\$	250.00
	ildcare and children's education costs	8.	\$	0.00
	othing, laundry, and dry cleaning	9.	\$	65.00
	rsonal care products and services	10.	\$	40.00
	dical and dental expenses	11.	\$	100.00
	ansportation. Include gas, maintenance, bus or train fare.			
	not include car payments.	12.		240.00
	tertainment, clubs, recreation, newspapers, magazines, and books	13.	·	20.00
	aritable contributions and religious donations	14.	\$	0.00
	surance.			
	not include insurance deducted from your pay or included in lines 4 or 20.	45-	Φ.	44.00
	a. Life insurance	15a.		11.00
	b. Health insurance	15b.	·	0.00
	c. Vehicle insurance	15c.	*	0.00
	d. Other insurance. Specify:	15d.	\$	0.00
	xes. Do not include taxes deducted from your pay or included in lines 4 or 20. ecify: Personal Property Taxes	16.	\$	16.00
	stallment or lease payments:			
17	a. Car payments for Vehicle 1	17a.	\$	0.00
17	o. Car payments for Vehicle 2	17b.	\$	0.00
17	c. Other. Specify: Mattress Lease to own with MidWest LLC	17c.	\$	142.00
	d. Other. Specify: Loan with Affirm for Sectional Sofa	17d.	\$	53.00
	ur payments of alimony, maintenance, and support that you did not report a ducted from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I)		\$	0.00
	her payments you make to support others who do not live with you.		\$	0.00
	ecify:	19.	Ψ	0.00
	her real property expenses not included in lines 4 or 5 of this form or on <i>ScI</i>		our Income.	
	a. Mortgages on other property	20a.		0.00
20	o. Real estate taxes	20b.	\$	0.00
20	c. Property, homeowner's, or renter's insurance	20c.	\$	0.00
	d. Maintenance, repair, and upkeep expenses	20d.	· · · ————————————————————————————————	0.00
	e. Homeowner's association or condominium dues	20e.	\$	0.00
	her: Specify:	21.	·	0.00
. Ca	Iculate your monthly expenses			
	a. Add lines 4 through 21.		\$	1,523.00
	o. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	c. Add line 22a and 22b. The result is your monthly expenses.		\$	1,523.00
				1,323.00
	Iculate your monthly net income.			
	a. Copy line 12 (your combined monthly income) from Schedule I.	23a.	· ·	1,523.00
23	c. Copy your monthly expenses from line 22c above.	23b.	-\$	1,523.00
23	c. Subtract your monthly expenses from your monthly income.			
23	The result is your <i>monthly net income</i> .	23c.	\$	0.00
For	you expect an increase or decrease in your expenses within the year after yexample, do you expect to finish paying for your car loan within the year or do you expect you diffication to the terms of your mortgage?  No.			or decrease because of
	No. Explain here:			
11	YAS   EXDISID DETE:			

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Ellis de la la factor					
	rmation to identify your				
Debtor 1	Aaron Dean More	head Middle Name	Last Name		
Debtor 2	First Name	Middle Name	Last Name		
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	WESTERN DISTRICT	OF MISSOURI		
Case number					
(if known)					☐ Check if this is an amended filing
Official Ford Declarate		n Individua	ıl Debtor's S	chedules	12/15
	18 U.S.C. §§ 152, 1341, 1 <sub>I</sub> n Below	519, and 3571.			
Did you pa	ay or agree to pay some	one who is NOT an att	orney to help you fill out	bankruptcy forms?	
■ No					
☐ Yes.	Name of person				cruptcy Petition Preparer's Notice, and Signature (Official Form 119)
	alty of perjury, I declare re true and correct.	that I have read the su	mmary and schedules fil	ed with this declaratio	on and
X /s/ Aai	ron Dean Morehead		X		
	Dean Morehead		Signature o	of Debtor 2	
Signatu	ure of Debtor 1		-		
Date	July 23, 2019		Date		

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		nation to identify you						
De	btor 1	Aaron Dean Mo First Name	rehead Middle Name		Last Name			
De	btor 2							
(Sp	ouse if, filing)	First Name	Middle Name		Last Name			
Un	ited States Bar	nkruptcy Court for the	WESTERN DISTRICT	OF MISS	OURI			
Ca	se number							
(if k	nown)					[	☐ Check if this is an	1
							amended filing	
$\bigcirc$	fficial Ear	rm 107						
	fficial For		Affairs for Indiv	idual	e Eiling for B	ankruptov		4/19
							aumphing correct	4/13
info	rmation. If m	ore space is needed	ible. If two married people , attach a separate sheet t					se
nur	nber (if known	n). Answer every que	estion.					
Pa	rt 1: Give D	etails About Your M	arital Status and Where Y	ou Lived	Before			
1.	What is your	current marital stat	us?					
	☐ Married							
	■ Not mar	ried						
2.	During the la	ast 3 years, have you	lived anywhere other tha	ın where	you live now?			
	_	iot o youro, navo you	intou unjunioro outor una		you are non .			
	□ No	t all of the places you	lived in the last 2 years. Do	not inclu	da udama vari liva nav			
	Tes. Lis	t all of the places you	lived in the last 3 years. Do	not inclu	de where you live now			
	Debtor 1 Pri	ior Address:	Dates Debtor lived there	1	Debtor 2 Prior Ad	dress:	Dates Debtor	r 2
	1006 Gran	d Blvd, Apt 1504	From-To:		☐ Same as Debtor		☐ Same as De	ebtor 1
	Kansas Ci	ty, MO 64106	February, 20 March, 2019				From-To:	
		ır Road, Apt 511	From-To:	0.1-	☐ Same as Debtor	l	☐ Same as De	ebtor 1
	North Kan	sas City, MO 6411	6 May 15, 200 February 5,				From-To:	
3.			ver live with a spouse or					oroperty
stat	es and territori	es include Arizona, Ca	alifornia, Idaho, Louisiana, N	Nevada, N	New Mexico, Puerto R	co, Texas, Washington a	nd Wisconsin.)	
	No							
	☐ Yes. Ma	ke sure you fill out So	hedule H: Your Codebtors (	Official F	orm 106H).			
Pa	rt 2 Explain	n the Sources of You	ır Income					
4.	Fill in the tota	I amount of income yo	mployment or from operation received from all jobs and have income that you received.	d all busir	nesses, including part-	time activities.	calendar years?	
	_	ig a joint case and you	Thave meetine that you rece	ive toget	rior, list it offly office di	idel Debiol 1.		
	□ No	Condition of a condition						
	■ Yes. Fill	in the details.						
			Debtor 1			Debtor 2		
			Sources of income Check all that apply.	(bef	oss income fore deductions and lusions)	Sources of income Check all that apply.	Gross incom (before deduction and exclusion	ctions

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

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Debtor 1 Aaron Dean Morehead

Case number (if known)

	Debtor 1		Debtor 2	
	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:	■ Wages, commissions, bonuses, tips	\$3,348.00	☐ Wages, commissions, bonuses, tips	
	☐ Operating a business		☐ Operating a business	
For last calendar year: (January 1 to December 31, 2018)	■ Wages, commissions, bonuses, tips	\$6,237.00	☐ Wages, commissions, bonuses, tips	
	☐ Operating a business		☐ Operating a business	
For the calendar year before that: (January 1 to December 31, 2017)	■ Wages, commissions, bonuses, tips	\$2,775.00	☐ Wages, commissions, bonuses, tips	
	☐ Operating a business		☐ Operating a business	
List each source and the gross inco  ☐ No ☐ Yes. Fill in the details.	me from each source separa	tely. Do not include income th	nat you listed in line 4.  Debtor 2	
	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.	Gross income (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:	Social Security Benefits	\$10,661.00		
For last calendar year: (January 1 to December 31, 2018)	Social Security Benefits	\$17,772.00		
For the calendar year before that: (January 1 to December 31, 2017)	Social Security Benefits	\$17,424.00		
Part 3: List Certain Payments You	Made Before You Filed for	Bankruptcv		
	•	ımer debts. Consumer debts	are defined in 11 U.S.C. § 10	1(8) as "incurred by an
During the 90 days befo	re you filed for bankruptcy, di	d vou pay any creditor a total	of \$6.825* or more?	
□ No. Go to line 7		a jou pay any oroanor a total	5. \$5,0 <u>2</u> 6 5. 11016.	
☐ Yes List below e paid that crent not include	each creditor to whom you pai editor. Do not include paymer payments to an attorney for th	nts for domestic support obligations bankruptcy case.	n one or more payments and the ations, such as child support a	

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Page 42 of 50 **Aaron Dean Morehead** Case number (if known) Debtor 1 Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? □ No. Go to line 7. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. Creditor's Name and Address **Dates of payment Total amount** Amount you Was this payment for ... still owe paid **Brookside Apartments** Regular monthly \$993.00 \$0.00 ■ Mortgage 1105 S Brookside Ave payments of ☐ Car Independence, MO 64053 \$331.00 ☐ Credit Card ☐ Loan Repayment ☐ Suppliers or vendors Other Rent **Cash Central** Regular monthly \$874.92 \$2,102.00 □ Mortgage PO Box 3544 payments of ☐ Car Dublin, OH 43016-0269 \$291.64 ☐ Credit Card ■ Loan Repayment ☐ Suppliers or vendors □ Other **Mobiloans** 05/03/19 - \$186.44; \$831.82 \$2,028.39 □ Mortgage PO Box 1409 06/03/19 - 327.56; ☐ Car Marksville, LA 71351 7/3/09 - 317.82 ☐ Credit Card Loan Repayment ☐ Suppliers or vendors Other Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. No ☐ Yes. List all payments to an insider. **Insider's Name and Address Dates of payment Total amount** Amount you Reason for this payment still owe paid Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider.

**Total amount** 

paid

Amount you

still owe

**Dates of payment** 

Yes. List all payments to an insider

**Insider's Name and Address** 

Reason for this payment

Include creditor's name

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		Boodinone	1 age 10 01 00	
Debtor 1	Aaron Dean Morehead		Case number (if known)	

Pa	rt 4: Identify Legal Actions, Repossess	sions, and Foreclosures					
9.	Within 1 year before you filed for bankru List all such matters, including personal injumodifications, and contract disputes.						
	■ No □ Yes. Fill in the details.						
	Case title Case number	Nature of the case	Court or agency	Status of th	e case		
10.	Within 1 year before you filed for bankru Check all that apply and fill in the details be		erty repossessed, foreclosed	, garnished, attached	d, seized, or levied?		
	<ul><li>No. Go to line 11.</li><li>☐ Yes. Fill in the information below.</li></ul>						
	Creditor Name and Address	Describe the Property		Date	Value of the		
		Explain what happene	d		property		
11.	Within 90 days before you filed for bank accounts or refuse to make a payment border No  ☐ Yes. Fill in the details.		cluding a bank or financial ins	stitution, set off any a	amounts from your		
	Creditor Name and Address	Describe the action the creditor took  Date action was taken					
Pa	Within 1 year before you filed for bankru court-appointed receiver, a custodian, on the court-appointed receiver, a custodian, or the custodian custodian, or the custodian custodian, or the custodian custodian, or the custodian custodia	or another official?					
	Gifts with a total value of more than \$60 per person  Person to Whom You Gave the Gift and			Dates you gave the gifts	Value		
14.	Address:  Within 2 years before you filed for banks ■ No □ Yes. Fill in the details for each gift or or		s or contributions with a tota	I value of more than	\$600 to any charity?		
	Gifts or contributions to charities that more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Cod	total Describe what yo	u contributed	Dates you contributed	Value		
Pa	rt 6: List Certain Losses						
15.	Within 1 year before you filed for bankru or gambling?	uptcy or since you filed for I	oankruptcy, did you lose anyt	hing because of thef	t, fire, other disaster		
	Yes. Fill in the details.						
	Describe the property you lost and how the loss occurred	Describe any insurance con Include the amount that insurance claims on line 33	urance has paid. List pending	Date of your loss	Value of property lost		

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Deb	tor 1 Aaron Dean Morehead			C	ase number	(if known)	
Part	7: List Certain Payments or Transfers						
	Within 1 year before you filed for bankrupt consulted about seeking bankruptcy or pro Include any attorneys, bankruptcy petition pre	eparir	ig a bankruptcy pe	tition?			erty to anyone you
	■ No □ Yes. Fill in the details.						
	Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You	u	Description and variansferred	alue of any prope	rty	Date payment or transfer was made	Amount of payment
	Within 1 year before you filed for bankrupt promised to help you deal with your credit Do not include any payment or transfer that your not include any payment or transfer that you not include any paym	ors o	to make payments			or transfer any prope	erty to anyone who
	Yes. Fill in the details.						
	Person Who Was Paid Address		Description and variansferred	alue of any prope	rty	Date payment or transfer was made	Amount of payment
,	Within 2 years before you filed for bankrup transferred in the ordinary course of your I include both outright transfers and transfers minclude gifts and transfers that you have alrea	<b>busin</b> nade a	ess or financial affa as security (such as	airs? the granting of a se			
	No						
	Yes. Fill in the details.		Description and	roluo of	Dogoribo	ony proporty or	Date transfer was
	Person Who Received Transfer Address		property transferred payme		payment	ribe any property or Date trans ents received or debts made in exchange	
	Person's relationship to you						
	Within 10 years before you filed for bankru beneficiary? (These are often called asset-pi ■ No □ Yes. Fill in the details.			y property to a se	lf-settled tr	rust or similar device	of which you are a
	Name of trust		Description and	alue of the prope	rty transfer	red	Date Transfer was made
Part	8: List of Certain Financial Accounts, Ir	nstrun	nents. Safe Denosi	t Boxes, and Stora	age Units		
				•			
	Within 1 year before you filed for bankrupt sold, moved, or transferred? Include checking, savings, money market, houses, pension funds, cooperatives, asso ☐ No	or oth	ner financial accou	nts; certificates of			
	Yes. Fill in the details.						
	Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)		et 4 digits of count number	Type of account instrument	cl	ate account was osed, sold, loved, or	Last balance before closing or transfer

UMB PO Box 419226

Kansas City, MO 64141-6226

transferred

7/3/19

\$619.01

Checking

XXXX-

 $\square$  Savings

☐ Money Market ☐ Brokerage

☐ Other\_\_

Statement of Financial Affairs for Individuals Filing for Bankruptcy

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Debtor 1	Aaron	Dean	Moreh	head

Case number (if known)

21.	Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?							
	■ No □ Yes. Fill in the details.							
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?				
22.	Have you stored property in a storage unit or p		year before you filed for bankruptcy	?				
	□ No ■ Yes. Fill in the details.							
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?				
	StorageMart 1720 Grand Kansas City, MO 64108	Aaron Dean Morehead 1111 S Brookside Avenue, Apt. 1B Independence, MO 64053	Debtor stored household goods, furniture and clothing between moves from March, 2019 - April, 2019.	■ No □ Yes				
Pai	t 9: Identify Property You Hold or Control for	Someone Else						
23.	Do you hold or control any property that some for someone.	one else owns? Include any proper	ty you borrowed from, are storing for	r, or hold in trust				
	■ No □ Yes. Fill in the details.							
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value				
Pai	t 10: Give Details About Environmental Inform	ation						
For	the purpose of Part 10, the following definitions	apply:						
	Environmental law means any federal, state, or toxic substances, wastes, or material into the a regulations controlling the cleanup of these su	air, land, soil, surface water, ground						
	Site means any location, facility, or property as to own, operate, or utilize it, including disposal	-	law, whether you now own, operate,	or utilize it or used				
	Hazardous material means anything an environ hazardous material, pollutant, contaminant, or		s waste, hazardous substance, toxic	substance,				
Rep	ort all notices, releases, and proceedings that y	ou know about, regardless of wher	n they occurred.					
24.	Has any governmental unit notified you that yo	u may be liable or potentially liable	under or in violation of an environm	ental law?				
	■ No □ Yes. Fill in the details.							
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice				
25.	Have you notified any governmental unit of any	release of hazardous material?						
	■ No □ Yes. Fill in the details.							
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice				

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Debtor 1 Aaron Dean Morehead Case number (if known)

26.	Have you been a party in any judicial or admi	nistrative proceeding under any envi	ronmental law? Include settlements	and orders.					
	■ No								
	☐ Yes. Fill in the details.								
	Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case					
Par	rt 11: Give Details About Your Business or C	onnections to Any Business							
27.	Within 4 years before you filed for bankruptc	v. did vou own a business or have an	v of the following connections to any	/ business?					
	Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?  A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time								
	☐ A member of a limited liability compa	•	•						
	☐ A partner in a partnership	,, ,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
	☐ An officer, director, or managing exe	cutive of a corporation							
	☐ An owner of at least 5% of the voting	·							
	•								
	No. None of the above applies. Go to Part 12.								
	Yes. Check all that apply above and fill in Business Name	Describe the nature of the business	Employer Identification numbe	•					
	Address		Do not include Social Security number or ITII						
	(Number, Street, City, State and 21r Code)	Name of accountant or bookkeeper	Dates business existed						
28.	Within 2 years before you filed for bankrupton institutions, creditors, or other parties.  ■ No □ Yes. Fill in the details below.	y, did you give a financial statement t	o anyone about your business? Inclu	ude all financial					
		Date Issued							
	Address (Number, Street, City, State and ZIP Code)								
Par	rt 12: Sign Below								
are with 18 U	ve read the answers on this <i>Statement of Fina</i> true and correct. I understand that making a fand a bankruptcy case can result in fines up to \$30.5.C. §§ 152, 1341, 1519, and 3571.  Aaron Dean Morehead	alse statement, concealing property,	or obtaining money or property by fra						
Aa	pron Dean Morehead	Signature of Debtor 2							
Dat	te _July 23, 2019	Date							
Did ■ N		nt of Financial Affairs for Individuals I	Filing for Bankruptcy (Official Form 1	07)?					
Did ■ N	you pay or agree to pay someone who is not a	an attorney to help you fill out bankru	ptcy forms?						
□ Y	Yes. Name of Person Attach the <i>Bankrup</i>	tcy Petition Preparer's Notice, Declaration	on, and Signature (Official Form 119).						

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Fill in this informa	ntion to identify your	case:			
Debtor 1	Aaron Dean More				
Debtor 2	First Name	Middle Name	Last Name		
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Bank	ruptcy Court for the:	WESTERN DISTR	RICT OF MISSOURI		
Case number					
(if known)					<ul><li>Check if this is an amended filing</li></ul>
					amended ming
Official Form	m 108				
		n for Indiv	riduals Filing Und	ler Chanter	7 12/15
Otatement	. Or miteritio	ii ioi iiiaiv	iduais i iiiig Oile	ici Griaptei	12/13
	dual filing under cha	-	I out this form if:		
_	claims secured by yo d personal property a		ot expired		
You must file this f	form with the court wer is earlier, unless th	ithin 30 days after	you file your bankruptcy petitio e time for cause. You must also		
	ole are filing together date the form.	in a joint case, bo	th are equally responsible for s	upplying correct infor	mation. Both debtors must
	d accurate as possib r name and case nun		s needed, attach a separate shee	et to this form. On the	top of any additional pages,
Part 1: List You	r Creditors Who Have	e Secured Claims			
•	•	art 1 of Schedule D	: Creditors Who Have Claims Se	ecured by Property (O	fficial Form 106D), fill in the
information belo Identify the cred	w. itor and the property the	hat is collateral	What do you intend to do with secures a debt?	n the property that	Did you claim the property as exempt on Schedule C?
	irm.com		☐ Surrender the property.		□ No
name:			<ul><li>☐ Retain the property and red</li><li>☐ Retain the property and enter</li></ul>		■ Yes
•	Sectional Sofa		Reaffirmation Agreement.	н шоа	
property securing debt:			Retain the property and [exp  Debtor will continue to m		
			Debtor will continue to in	ake payments.	
	r Unexpired Persona personal property le		in Schedule G: Executory Contr	racts and Unexpired L	eases (Official Form 106G), fill
in the information	below. Do not list rea	ıl estate leases. Un	expired leases are leases that a the trustee does not assume it.	re still in effect; the le	
Describe your une	expired personal prop	perty leases		W	ill the lease be assumed?
Lessor's name:	Brookside Apa	artments			No
				-	Yes
				_	0
Description of lease Property:	ed Residential Le	ase - \$331.00 pe	r month; Expires April, 2020.		
Lessor's name:	NPRTO Mid-W	est, LLC			No

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

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Det	Aaron De	an Morenead	Case number (# known)
			_
			■ Yes
	scription of leased perty:	Lease on Mattress Set - \$ 2019.	41.82 monthly for 13 months beginning August,
Par	t 3: Sign Below		
		ury, I declare that I have indica ct to an unexpired lease.	d my intention about any property of my estate that secures a debt and any personal
X	/s/ Aaron Dean	Morehead	X
	Aaron Dean Mo	orehead	Signature of Debtor 2
	Signature of Debt	for 1	
	Date July 2	3. 2019	Date

Fill in this in	formation to identify your case:					irected in this form an	d in Form				
Debtor 1	Aaron Dean Morehead		12	2A-1Supp	):						
Debtor 2 (Spouse, if filing	Debtor 2 Spouse, if filing)  1. There is no presumption of abuse										
United States Bankruptcy Court for the: Western District of Missouri 2.						2. The calculation to determine if a presumption of abuse applies will be made under <i>Chapter 7 Means Test Calculation</i> (Official Form 122A-2).					
Case numb	er		,		,	does not apply now b	occurs of				
, ,						service but it could a					
				☐ Chec	k if this is a	n amended filing					
Official	Form 122A - 1										
Chapte	er 7 Statement of Your Cui	rrent Mor	nthly Inc	ome			12/1				
attach a sepa case number qualifying mi	the and accurate as possible. If two married people rate sheet to this form. Include the line number to verification (if known). If you believe that you are exempted fro litary service, complete and file Statement of Exemple Calculate Your Current Monthly Income syour marital and filing status? Check one or	which the addition om a presumption otion from Presum	nal information a of abuse becau	applies. O se you do	n the top of a not have prir	ny additional pages, wri narily consumer debts o	ite your name and or because of				
■ Not	married. Fill out Column A, lines 2-11.										
□ Ма	rried and your spouse is filing with you. Fill o	ut both Columns	A and B, lines	2-11.							
□ Ма	rried and your spouse is NOT filing with you.	You and your s	pouse are:								
ום	iving in the same household and are not lega	ally separated. F	Fill out both Co	lumns A a	and B, lines 2	2-11.					
	.iving separately or are legally separated. Fill penalty of perjury that you and your spouse are living apart for reasons that do not include evadi	egally separated	l under nonban	kruptcy la	aw that applie	es or that you and you					
101(10A). the 6 mon	average monthly income that you received from all For example, if you are filing on September 15, the 6-nd this, add the income for all 6 months and divide the tota with the same rental property, put the income from that property.	nonth period would I by 6. Fill in the res	be March 1 throught. Do not include	ugh Augus de any inco	t 31. If the amo	ount of your monthly incorore than once. For example	me varied during ple, if both				
				Column Debtor		Column B Debtor 2 or non-filing spouse					
	Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).				558.00	\$					
	<b>Alimony and maintenance payments.</b> Do not include payments from a spouse if Column B is filled in.				0.00	\$					
of you from a and ro	All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in Do not include payments you listed on line 3										
	<ul> <li>Do not include payments you listed on line 3.</li> <li>come from operating a business, profession,</li> </ul>	or farm		<b>*</b>							
	,		tor 1								
Gross	receipts (before all deductions)	\$ 0.00									
	ry and necessary operating expenses	-\$ 0.00	Cany have	Φ	0.00	Ф					
	onthly income from a business, profession, or far	m \$0.00_	Copy here ->	Ф	0.00	\$					
6. Net in	come from rental and other real property	Deb	tor 1								
Gross	receipts (before all deductions)	\$ 0.00									
	ry and necessary operating expenses	-\$ 0.00									
Net mo	onthly income from rental or other real property	\$ 0.00	Copy here ->	\$	0.00	\$					
7. Interes	st, dividends, and royalties			\$	0.00	\$					

Official Form 122A-1

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Aaron Dean Morehead			Case numbe	r ( <i>if known</i> )			
			Column A Debtor 1		Column B Debtor 2 o non-filing		
Unemployment compensation			\$	0.00	\$		
Do not enter the amount if you contend that the amount received was a benefit under							_
For your spouse \$	0.0	00					
For your spouse \$							
Pension or retirement income. Do not include any amobenefit under the Social Security Act.			\$	0.00	\$		_
Income from all other sources not listed above. Speci Do not include any benefits received under the Social Se received as a victim of a war crime, a crime against humal domestic terrorism. If necessary, list other sources on a stotal below.	ecurity Act or payment anity, or international	ts or	•		•		
·		_	\$	0.00	\$		_
<del></del>		_	\$	0.00	\$		-
Total amounts from separate pages, if any.		+	\$	0.00	\$		
Calculate your total current monthly income. Add line each column. Then add the total for Column A to the total		\$	558.00	+ \$_		= \$_	558.00
				J L		Tota	l current mont
2: Determine Whether the Means Test Applies to	You						
<ul><li>12a. Copy your total current monthly income from line 11</li><li>Multiply by 12 (the number of months in a year)</li></ul>				y line 11 l			<b>558.0</b> 0
12b. The result is your annual income for this part of the	form				12b		6,696.00
Calculate the median family income that applies to y	ou. Follow these step	s:					
Fill in the state in which you live.	МО						
Fill in the number of people in your household.	1						
Fill in the median family income for your state and size of To find a list of applicable median income amounts, go of for this form. This list may also be available at the bankru	nline using the link sp	ecified i	in the separa	ate instruc	13.	\$	48,276.00
How do the lines compare?							
14a. Line 12b is less than or equal to line 13. On Go to Part 3.	the top of page 1, che	eck box	1, There is	no presun	nption of abus	se.	
14b. $\square$ Line 12b is more than line 13. On the top of Go to Part 3 and fill out Form 122A-2.	page 1, check box 2,	The pre	esumption of	abuse is	determined b	y Form	122A-2.
3: Sign Below							
By signing here, I declare under penalty of perjury the	hat the information or	this sta	tement and	in any atta	achments is to	rue and	correct.
χ /s/ Aaron Dean Morehead							
Aaron Dean Morehead Signature of Debtor 1							
Date July 23, 2019							
MM / DD / YYYY							
If you checked line 14a, do NOT fill out or file Form	122A-2.						

If you checked line 14b, fill out Form 122A-2 and file it with this form.